

Secretary of State Statement of Information

(California Stock, Agricultural Cooperative and Foreign Corporations) 8

SI-550

IMPORTANT — Read instructions before completing this form.
Fees (Filing plus Disclosure) – \$25.00;
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees
1. Corporation Name (Enter the exect name of the companion on it is recorded with the Coliforn

Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

FILED Secretary of State State of California SEP 1 0 2018

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C4120309

AIRBAHN INC

3. Business Addres

a, Street Address of Principal Executive Office - Do not list a P.O. Box 8 CORPORATE PARK, SUITE 100	City (no abbreviations)	State CA	Zip Code 92606
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief 4. Officers Financial Officer may be added; however, the preprinted titles on this form must not be altered. a. Chief Executive Officer/ First Name Middle Name ast Name Suffix **TARIQ** М CHAUDHARY City (no abbreviations) Zip Code 8 CORPORATE PARK, SUITE 100 CA IRVINE 92606 b. Secretary LINDA Suffix Middle Name ROMBAUT City (no abbreviations) Zip Code 8 CORPORATE PARK, SUITE 100 92606 c. Chief Financial Officer/ LINDA First Name Middle Name Last Name Suffix

ROMBAUT City (no abbreviations) Zip Code State 8 CORPORATE PARK, SUITE 100 CA 92606 California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the 5. Director(s) Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name TARIQ	Middle Name M	Last Name CHAUDHARY			Suffix
8 CORPORATE PARK, SUITE 100		City (no abbreviations) IRVINE	State CA	Zip Code 92606	
b. Number of Vacancies on the Board of Directors, if any					

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL -- Complete Items 6a and 6b only. Must include agent's full name and California street address.

a, California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State CA	Zip Code	

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b c. California Registered Corporate Agent's Name (if agent is a corporation) – பல not complete item ba or bo Corporation Service Company Which Will Do Business In California As CSC-Lawyers Incorporating Service *(Ci592199)*

7. Type of Business

Describe the type of business or services of the Corporation

TRANSPORTATION

8. The Information contained herein, including in any attachments, is true and correct.

Type or Print Name of Person Completing the Form

LINDA ROMBAUT

SECRETRARY

Title

Attachment to Statement of Information (California Stock and Agricultural Cooperative Corporations)	SI-550A Attachment
A. Corporation Name	
AIRBAHN INC	
B. 7-Digit Secretary of State File Number	
C4120309	

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C. List of Additional Director(s) – If the corporation has more than one director, enter the additional directors' names and addresses.

5b. First Name UZMA	Middle Name	Last Name		Suffix
		CHAUDHARY	1	
Address	City (no abbreviations)		State	Zip Code
8 CORPORATE PARK, SUITE 100	IRVINE		CA	92606
5c. First Name	Middle Name	Last Name		Suffix
LINDA		ROMBAUT		
Address	City (no abbreviations)		State	Zip Code
8 CORPORATE PARK, SUITE 100	IRVINE		CA	92606
5d. First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)		State	Zip Code
5e. First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)	ons) State		Zip Code
5f. First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)	I	State	Zip Code
5g. First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)		State	Zîp Code
5h. First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)		State	Zip Code
5i, First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)	\	State	Zip Code
5j. First Name	Middle Name	Last Name		Suffix
Address	City (no abbreviations)	l	State	Zip Code

